

**STATE OF VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF CORRECTIONS**

Policy: 351

Subject: Health Care Services

Effective Date: 2/10/86

Review and Re-Issue Date:

Supersedes:

APA Rule Number:

Recommended for approval by:		Authorized By:	
Signature	Date	Signature	Date

1. Authority:

1.1 Adequate health care services are essential to the success and overall well-being of inmates committed to correctional facilities. Proper medical care for inmates should be viewed not only as a basic right, but also an integral component of any correctional program.

2. Purpose:

2.1 To provide guidelines for the development and implementation of a program of medical care for inmates of correctional facilities.

3. Applicability/Accessibility

3.1.

4. Policy

4.1 FACILITY MEDICAL STAFF

4.1.1 Each adult correctional facility will have its medical services supervised by physician(s) who is licensed by the State of Vermont.

4.1.2 Each adult correctional facility will have its medical services supported by licensed Nurses and/or Physician's Assistants.

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4.1.3 Medical services shall be available to inmates of a correctional facility through the following mechanisms.

4.1.3.1 Emergency Services - at the facility or at a local hospital.

4.1.3.2 Service Provider - Contract or Written Agreement (See Section III).

4.1.3.3 Classified employees of the Department of Corrections (properly licensed or certified).

4.1.3.4 No medical services will be provided by inmates. In certain instances, non-professional services may be suggested to be provided by an inmate for another. The regimen must be signed by the Department of Corrections' physician providing care and administratively approved.

4.2 STANDARDS OF MEDICAL CARE

4.2.1 The Vermont Department of Corrections requires its contracted medical service providers and its medical service employees to provide to inmates the same professional minimum standards of care that would be found to be provided to any citizen of the community at large.

4.2.2 The Department will not provide for unnecessary procedures. The Department shall use the determination of the facilities contract physicians to identify necessary vs. unnecessary procedures.

4.3 MEDICAL SERVICES - PUBLIC SECTOR

4.3.1 Provisions for emergency and major surgical services to meet the need of inmates at correctional facilities on a 24-hour a day basis, will be provided by licensed hospitals and health care centers which meet State laws and health requirements when such services can not be delivered at Department facilities using employees or contractors.

4.3.2 Arrangements will be formulated with Medical Specialists to meet the needs of inmates with special medical problems.

4.4 HEALTH SCREENING OF NEW ADMISSION

4.4.1 For any person being newly admitted to a correctional facility, all reasonable efforts shall be made within space limitations, to house such a person separately from other inmate until screening has been completed.

4.4.1.1 A new admission (for the purposes of this policy) is any lawfully presented person for whom custody is sought, by court order or warrant, who has not been in the Department of Corrections' custody for seven consecutive 24-hour days (168 hours) prior to the immediate admission.

OR

4.4.1.2 A new admission (for the purposes of this policy) is any lawfully presented person for whom custody is sought under the authority of an arresting officer's affidavit of probable cause who has not been in the Department of Corrections' custody for seven consecutive 24-hour days (168 hours) prior to the immediate admission.

4.4.2 Such separate housing (as reasonably available) shall continue at least until the following screening has been completed:

4.4.2.1 Intake Medical History (Attachment 1) has been completed, and

4.4.2.2 A health services professional employee or contractor of the Department of Corrections has completed a Health Care Database and Physical Assessment (Attachment B and C), and

4.4.2.3 A health services professional employee or contractor of the Department of Corrections shall have determined that, based on observation of the inmates and the inmates' responses to the questions asked, there is reasonable grounds to believe the inmate is likely to be free of communicable disease.

4.4.3 Such separate housing (as reasonably available) shall be further continued when:

4.4.3.1 A health services professional employee or contractor of the Department of Corrections shall have determined that, based on observation of the inmate and the inmate's responses to the questions asked, there is a question, in that professional's opinion, of whether the inmate may be carrying a communicable disease.

4.4.3.1.1 The separate housing (as reasonably available) shall continue in such cases until examinations, assessments, tests, and/or treatments have occurred such that the health services professional (s) shall determine the inmate is not likely to transmit a communicable disease via normal social intercourse.

4.5 ACQUISITION, STORAGE, AND DISPENSING OF MEDICATIONS

4.5.1 A duly licensed or certified employee or contractor of the Department of Corrections shall have overall responsibility for the medication services of the facility.

4.6 RESPONSIBILITIES

4.6.1 Responsibility

Action

4.6.1.1 Superintendent

4.6.1.1.1 Assure that procedural directives are developed and followed for the delivery of medical services, to include:

Health Care Services – Sick Call

Pregnant Inmates

Medical Intake of Inmates

Prescribed Medication (Dispensing)

Over-the-Counter Medications

Preparing and Packaging Medications

Distribution of Medication to Furloughed Inmates

Dental

Psychiatric Emergencies

Review of Prescribed Medication

Insulin Injection

Medication Disposal

PRN Medication

Medical Isolation

Communicable Diseases

INCAP Medication

Disposal of Syringes

Acquired Immune Deficiency Syndrome

Storage of Medications

Bulk Storage of Medications

Initial Health Appraisal

Transfer Medications

Physician's Prescription Procedure

Intake Medication

Emergency Care I

Serum Drug Levels

Medical Procedure for the INCAP (Intake)

CPR (Cardiopulmonary Resuscitation)

Discharged Inmate Follow up Referral

Special Needs Population

Emergency Care II

Training Employees in Medication
Distribution

Medical Assessment of Food D Preparers

Contact Lenses

Transsexuals

Sexually Transmitted Disease

Management of Detoxification of
Chemically Dependent Inmates

Delousing

Medical and Emergency Training of Non-
Medical Staff

4.6.1.1.2 All health facilities should provide the basic equipment necessary for examination and treatment. This is to include, but not be limited to, the following:

Thermometers,

B/P Cuffs,

Stethoscopes,

Ophthalmoscope,

Otoscope

Percussion Hammer,

Scale

Examining Table

Transportation Equipment (Stretcher,
Wheelchair),

Oxygen.

4.6.1.2 Facility Physician

4.6.1.2.1 Perform physical examination, when referred, and supervise physical assessments.

Examine, diagnose, and treat inmates.

Prescribe all medications dispensed to inmates relative to medical problems. If

patient is also a mental health patient, medications will be prescribed on a consultative basis between Physician and Psychiatrist.

Endorse procedure for dispensing all prescribed medications to offenders in each status of classification (i.e., work release).

4.6.1.3 Admissions Officer / Supervisor

4.6.1.3.1 Upon admission an Intake Medical History will be recorded regarding each inmate prior to his/her being given living arrangements (Attachment A).

Any abnormalities will be referred immediately to medical staff (i.e., any answer to Intake Medical History - Attachment A).

Any evidence of or report of the use of medication or drug by admittee is to be reported medical services staff.

In case of emergency transfer, send medical file in sealed envelope to receiving facility.

4.6.1.3 Nurse/Physician's Assistant

4.6.1.3.1 Physical assessment, within 14 days of admission, to include, at a minimum:

Height, Weight,

Blood Pressure,

Blood Work-Up (as ordered by M.D.),

Bili-lab Stix,

P.P.D. Time,

Health Care Data Base (Attachment B),

Physical Assessment/Examination
(Attachment C)

Such assessment will be administered as close to admission insofar as is practicable.

4.6.1.3.2 Maintain medical files separate from personal file, and restrict

access according to Policy and Procedure (Policy 266).

4.6.1.3.3 In case of transfer, prepare confidential file in sealed envelope to be forwarded to receiving facility.

4.6.1.3.4 Give oral briefing to receiving facility.

4.6.1.3.5 Prepare any necessary medications and instructions for their use for inmate transportation.

4.7 ANNUAL ASSESSMENT

4.7.1 All inmates under the age of 50 will be physically assessed on or one week before the third anniversary of their last physical assessment by the Vermont Department of Corrections. Inmates over age 55 shall be physically assessed on or one week before the anniversary of their last physical assessment.

4.8 DEPARTMENT POSITIONS

4.8.1 Inmate Selected Treatment or Practitioner(s): Consulting physicians, mental health professionals, dental professionals, and substance abuse treatment professionals not employed or contracted by the Department may recommend medication or medical and mental health treatment for inmates to the facility clinical care staff. Such recommendations are not binding upon the Department of Corrections.

4.8.1.1 The cost of any such services recommended by or delivered by an alternative physician or mental health professional of the inmate's choice, which is approved by the facility physician, dental professional, mental health contractor, or substance treatment contractor will be the responsibility of the inmate requesting the treatment unless concurred in by State medical person as needed and necessary.

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- 4.8.2 Inmates with medical problems will be advised of their conditions prior to release, and arrange for information to be forwarded to a practitioner of choice will be made, with a signed release.
- 4.8.3 Department Policy prohibits inmates from participating in medical pharmaceutical testing for experimental or research purposes.
- 4.8.4 Medical file will be maintained separate and apart from the inmate's personal file.
- 4.8.5 Access to medical records will be governed by Department Policy #266.
- 4.8.6 Offender resources will be used to meet medical expenses incurred for care of the offender beyond services provided by employees and contractors of the Department of Corrections, within the contract limits of times and location. Such resources shall include but not be limited to: savings, insurance, veteran's benefits, retirement incomes(s), and personal income.
- 4.8.7 In the case of earned income, the pro-ration of offender responsibility used in the Dental Policy (11484) shall be used for medical expenses.
- 4.8.8 Refusal to Provide Treatment By Medical Personnel the Vermont Department of Corrections is committed to providing necessary medical treatment to establish and support the general health and wellbeing of offenders incarcerated by the Department.
- 4.8.9 The following procedure for the reporting of refusal by a health care provider to examine, diagnose, or treat an inmate incarcerated by the Vermont Department of Corrections, is to be followed in all instances.

4.9 PROCEDURE

- 4.9.1 When a physician under contract to the Department of Corrections refuses to examine, diagnose, or treat an inmate, or when a physician is at a hospital, in a clinic, or in some practice in the general community and services are sought for an inmate by facility personnel in response to illness or question of health status, or where a referral has been made by a contract physician of the Vermont

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Department of Corrections where the physician or medical service refuses to examine, diagnose, or treat an inmate:

4.9.1.1 The Correctional Facility Health Care Specialist shall make an Unusual Incident Report. The Correctional Facility Health Care Specialist and the Superintendent shall follow the Unusual Incident Reporting Procedure. A copy of the report shall be sent to the Chief of Clinical Services in Central Office.

4.9.1.1.1 In the absence of the Correctional Facility Health Care Specialist, the Shift Supervisor shall be responsible for the reporting.

4.9.1.2 When a health services professional in the employ of the Vermont Department of Corrections refuses to examine, diagnose, or treat an inmate:

4.9.1.2.1 Any employee learning of this refusal shall make an Unusual Incident Report. That employee and the Superintendent shall follow the Unusual Incident Reporting Procedure. A copy of the report shall be sent to the Chief of Clinical Services in Central Office.

4.9.1.2.2 In any case of refusal of treatment, the Superintendent shall make immediate arrangements for the examination, diagnosis, or treatment which had been refused, and shall assure the timely delivery of same.

4.9.1.3 The Unusual Incident Report shall include:

4.9.1.3.1 Facility,

4.9.1.3.2 Date of Alleged Refusal,

4.9.1.3.3 Time of Alleged Refusal,

4.9.1.3.4 Person(s) Refusing,

4.9.1.3.5 Inmate(s) Refused,

4.9.1.3.6 Inmate Complaint.

4.9.1.4 An investigation shall include

4.9.1.4.1 All of 5 (a) above,

4.9.1.4.2 Inmate behavior before, during, and following refusal,

4.9.1.4.3 Person(s) refusing's behavior before, during, and following refusal,

4.9.1.4.4 Any written medical information related to the event,

4.9.1.4.5 Explanation by the person(s) refusing,

4.9.1.4.6 Action taken by Superintendent to assure provision of necessary service.

4.10 Refusal to Accept Treatment by Inmate:

4.10.1 An inmate has the opportunity to refuse medical treatment. Any requests should be clearly documented by written petition from the inmate and reports from staff who are witness or involved. When an inmate refuses any medical treatment, it shall be immediately reported to medical staff who shall ensure that it is reported to the treating physician and to the Superintendent, and recorded in the permanent medical file.

4.10.2 The facility medical staff, in concert with the treating physician, shall assess the likely impact that such refusal will have on the individual's medical condition, and on the health of other individuals the inmate may come in contact with.

4.10.3 Any restrictions medically indicated, such as separate housing assignments, work activities, security precautions, etc., shall be coordinated by the Superintendent on advice from the treating physician.

4.10.4 As in the case of Section F above, an Unusual Incident Report (Policy 291) and investigation shall be filed whenever an inmate refuses medical treatment and there is a likelihood that continued refusal could result in an adverse condition to the individual, to others or to the orderly operations of the facility.

5. Training Method

5.1.

6. Quality Assurance Processes

6.1.

7. Financial Impact:

8. References

28 V.S.A., Sec. 8, 9, 12

Sec. 101(1)(2)

Sec. 102(b)(2)(c)(3)

28 V.S.A., Sec. 601(10)

28 V.S.A., Sec. 204(d)

28 V.S.A., Sec. 801(a)(b)(c)

9. Responsible Director and Draft Participants

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